Fill	in this information to	o identify your ca	ase:								
Deb	otor 1	Jennifer E. F	Ross			_					
	otor 2 ouse, if filing)					_					
Uni	ted States Bankrupt	tcy Court for the	SOUTHERN DISTRIC	CT OF OHIO		_					
Cas	se number 2:14	Chec	k if this is:								
(If kr	nown)			-			■ A	ın amende	d filing		
										g postpetitio ollowing date	
0	fficial Form	<u> 1061</u>					N	/M / DD/ Y	YYY		
S	chedule I: `	Your Inco	ome								12/15
spo atta	use. If you are sepa ch a separate shee	arated and you	are married and not filii r spouse is not filing wi On the top of any additi	ith you, do not inclu	de infori	matic	n about	t your spo	ouse. If mo	ore space is	needed,
1.	Fill in your emploinformation.	oyment		Debtor 1				Debtor 2	or non-fil	ling spouse	;
	If you have more t	te page with	Employment status	■ Employed			☐ Employed				
	attach a separate information about		Employment status	☐ Not employed				☐ Not e	mployed		
	employers.		Occupation	Consultant							
	Include part-time, self-employed wor		Employer's name	State of Ohio							
	Occupation may ir or homemaker, if i		Employer's address	30 E. Broad St 28th Floor Columbus, OH	43215						
			How long employed to	here? 3 years	1			_			
Par	t 2: Give Det	ails About Mon	thly Income								
	mate monthly inco use unless you are s		ate you file this form. If	you have nothing to re	eport for	any I	ine, write	e \$0 in the	space. Inc	lude your no	on-filing
	u or your non-filing s e space, attach a se		ore than one employer, control this form.	ombine the information	n for all e	emplo	yers for	that perso	on on the lir	nes below. If	f you need
							For Del	btor 1		otor 2 or ng spouse	
2.			ry, and commissions (becalculate what the monthle		2.	\$	6	,798.13	\$	N/A	.
3.	Estimate and list	monthly overti	me pay.		3.	+\$		0.00	+\$	N/A	<u>`</u>
4.	Calculate gross I	ncome. Add lin	ne 2 + line 3.		4	\$	6.79	98 13	\$	N/A	

Debtor 1 Jennifer E. Ross Case number (if known) 2:14-bk-55853 For Debtor 2 or For Debtor 1 non-filing spouse Copy line 4 here 6.798.13 N/A List all payroll deductions: Tax, Medicare, and Social Security deductions 5a. 1,189.67 N/A 5b. Mandatory contributions for retirement plans 5b. 951.74 N/A 5c. Voluntary contributions for retirement plans 5c. N/A 0.00 5d. Required repayments of retirement fund loans 5d. 0.00 N/A Insurance 5e. 5e. 242.49 N/A 5f. **Domestic support obligations** 5f. 0.00 N/A 5q. **Union dues** 5q. \$ 0.00 N/A Other deductions. Specify: Flexsave Ee 5h. 5h.+ \$ 145.17 \$ N/A **Union Computer Purchase Program** 23.18 N/A 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. 2,552.25 N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. 4,245.88 N/A 8. List all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. \$ 0.00 N/A 8b. Interest and dividends 8b. \$ 0.00 N/A Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. 0.00 N/A **Unemployment compensation** 8d. 8d. 0.00 N/A 8e. **Social Security** 8e. 0.00 N/A 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. 0.00 N/A 8g. 8g. Pension or retirement income 0.00 \$ N/A Other monthly income. Specify: 8h.+ \$ 0.00 N/A \$ Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9 N/A 0.00 Calculate monthly income. Add line 7 + line 9. \$ 10. \$ 4,245.88 N/A \$ 4,245.88 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: +\$ 0.00 11. 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it 4.245.88 12. \$ applies Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? No.

Note: Business income is not listed on Schedule I as Debtor does not do this on a regular basis.

Yes. Explain:

Fill	in this informat	tion to identify yo	our case:	·		1				
Deb		Jennifer E. F			Check if this is:					
	tor 2 buse, if filing)			■ An amended filing □ A supplement showing postpetition chapter 13 expenses as of the following date:						
Unit	ed States Bankr	uptcy Court for the	: SOUTH		MM / DD / YYYY					
	e number 2:	14-bk-55853								
		rm 106J				1				
Be info	as complete a ormation. If m nber (if know		possible eded, atta ry questio	. If two married people ar ch another sheet to this						
1.	Is this a join									
	■ No. Go to □ Yes. Doe		in a separ	ate household?						
	□ No	-	st file Offici	al Form 106J-2, <i>Expense</i> s	for Separate House	ehold of Deb	otor 2.			
2.	Do you have	e dependents?	■ No							
	Do not list De Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?		
	Do not state							□ No		
	dependents	names.						□ Yes □ No		
								Yes		
								□ No		
								☐ Yes ☐ No		
								☐ Yes		
3.		enses include f people other t	han	No						
	yourself and	d your depende	nts? ⊔	Yes						
exp	imate your ex		our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp						
the		n assistance an		government assistance in Sluded it on <i>Schedule I:</i> Y			Your exp	enses		
4.		r home owners ad any rent for th		ses for your residence. In	nclude first mortgag	e 4. S	.	1,300.00		
	If not includ	ed in line 4:								
	4a. Real e	state taxes				4a. S	6	0.00		
		rty, homeowner's	s, or renter	's insurance		4b. S	S	0.00		
		•	•	ipkeep expenses		4c. S		100.00		
5.		owner's associat		dominium dues our residence, such as ho	me equity loans	4d. 9 5. 9	·	0.00		
٥.	, wantional I	sage payiii	J .J. y	1001a01100, 3u011 a3 110	no oquity idalis	J. (·	0.00		

Debtor 1	Jennife	er E. Ross	Case num	ber (if known)	2:14-bk-55853
6. Util i	ities:				
6a.		ty, heat, natural gas	6a.	\$	244.35
6b.		ewer, garbage collection	6b.		58.96
6c.		ne, cell phone, Internet, satellite, and cable services	6c.	\$	202.07
6d.	Other. S		6d.	·	0.00
		sekeeping supplies	7.		300.00
		children's education costs	8.	\$	0.00
_		ndry, and dry cleaning	9.	\$	68.00
	-	products and services	10.	\$	
		•		·	75.00
		lental expenses	11.	\$	100.00
		n. Include gas, maintenance, bus or train fare. car payments.	12.	\$	150.00
		t, clubs, recreation, newspapers, magazines, and books	13.		0.00
		ntributions and religious donations	14.		0.00
	urance.	nuibations and rengious domations	14.	Ψ	0.00
-		insurance deducted from your pay or included in lines 4 or 20.			
	. Life insu		15a.	\$	0.00
	. Health ir		15b.		0.00
	. Vehicle i		15c.	·	756.00
		surance. Specify:	15d.	·	0.00
		include taxes deducted from your pay or included in lines 4 or 20.		Ψ	0.00
	ecify:	include taxes deducted from your pay of included in lines 4 of 20.	16.	\$	0.00
		lease payments:		Ψ	0.00
		ments for Vehicle 1	17a.	\$	334.50
		ments for Vehicle 2	17b.	\$	0.00
	. Other. S		17c.	·	0.00
	. Other. S	• • • • • • • • • • • • • • • • • • • •	17d. 17d.	·	0.00
		pecity. ts of alimony, maintenance, and support that you did not report a		Ψ	0.00
		n your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I		\$	0.00
		its you make to support others who do not live with you.	<i>,</i> .	\$	0.00
	ecify:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	19.		0.00
	,	perty expenses not included in lines 4 or 5 of this form or on Sc		our Income.	
		es on other property	20a.		0.00
	. Real est		20b.	\$	0.00
		, homeowner's, or renter's insurance	20c.	·	0.00
		ance, repair, and upkeep expenses	20d.		0.00
		vner's association or condominium dues	20e.		0.00
				·	
ı. Oth	er: Specify		21.	-φ	0.00
2. Cal	culate you	r monthly expenses			
22a	. Add lines	4 through 21.		\$	3,688.88
22b	. Copy line	22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	2	\$,
		22a and 22b. The result is your monthly expenses.		\$	3,688.88
					3,000.00
	-	r monthly net income.			
23a	. Copy line	e 12 (your combined monthly income) from Schedule I.	23a.	\$	4,245.88
23b	. Copy yo	ur monthly expenses from line 22c above.	23b.	-\$	3,688.88
					<u> </u>
23c		your monthly expenses from your monthly income.	22	•	EE7 00
	The resu	ult is your monthly net income.	23c.	\$	557.00
)/ Da	VOII 62755	t an ingresse or decrease in your synames within the way after	vou filo 4k!	form?	
		t an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you			ease or decrease because of a
		you expect to finish paying for your car loan within the year of do you expect you expect you	our mortgage	payment to more	acc or accrease necause OI a
■ N					
		Evolain hara:			
	res.	Explain here:			